



7/13/2010

Lois J. Hamilton
638 Park Rd
Winlock, WA 98596

Dear Ms. Hamilton,

I received your phone message requesting copy of your medical records, for yourself, as well as your attorney. I have enclosed a copy of your clinic notes, which is all I am allowed to release. I have also enclosed a "release to disclose health information" form for your attorney.

Please complete the release form, and have your attorney fax it to our Health Information Dept., and they can send your records directly. Their fax# 206.262.0104

I would also like to let you know that I have forwarded your question regarding the different lab testing question you had to Dr. Keifer, as well as Dr. Fischer. I have not heard back on this as of this correspondence.

I left you a message on your home phone regarding all of this information, 7/12/2010. Please feel free to contact me with any further questions.

Regards,

Jane Bean, Patient Care Coordinator
Harborview Medical Center

EXHIBIT 26
PAGE 1 OF 22

Initial Clinic/New Consult

HAMILTON, LOIS J - H3045278

* Final Report *

Result Type: Initial Clinic/New Consult
 Service Date: May 17, 2010 00:00
 Result Status: Authenticated
 Result Title: 88591
 Performed By: Fischer, MD, Rachel Caryn on June 03, 2010 19:27
 Encounter Info: 1729136844, HMC, Outpatient, 05/17/2010 - 05/25/2010

* Final Report *

CHIEF COMPLAINT:

Decreased memory and fatigue from presumed exposure to pesticides.

HISTORY OF PRESENT ILLNESS:

Ms. Hamilton is a 51-year-old female we are evaluating for difficulty with concentration, memory and fatigue and a number of other symptoms that she attributes to pesticide exposure that occurred from 2002 to 2006. She is here at the request of her attorney. She is involved in a legal dispute with her former neighbor who she claims applied large amounts of pesticides to her family's garden for four years. She states that she and her husband, Alan, consumed food from the garden regularly during the growing season.

In 2002, Ms. Hamilton and her husband moved into a home in Baker City, Oregon which backed up to a commercial property consisting of a warehouse for a beer and wine distributor. Two years after moving into the home in 2004, she states she began to feel profoundly "weak" with difficulty standing for any prolonged periods. She became unable to walk up stairs in her house. At the same time, she started to crave ice. She saw a primary care physician in Oregon who ultimately diagnosed her with anemia from uterine fibroids. She was prescribed iron supplementation and underwent hysterectomy with bilateral oophorectomy. Ms. Hamilton says she never had heavy periods or unusual bleeding patterns prior to the hysterectomy. Estrogen replacement was prescribed for postmenopausal symptoms such as hot flashes but she continued to feel significant fatigue and progressive memory difficulties after the hysterectomy. She stopped the estrogen replacement several months after the hysterectomy as she reports her symptoms did not improve.

In 2006, after a prolonged visit to Washington to care for her ill daughter, she and her husband discovered a new pungent chemical-like smell throughout their home upon return. They discovered the odor was originating from their yard and garden. Apparently while Mr. and Mrs. Hamilton were away, their neighbor applied copious amounts of unknown pesticides to the garden and fence line. The legal dispute involved property within Mrs. Hamilton's fence line where her garden is located. A neighbor child reportedly required emergency medical care for an asthma attack that occurred in response to respiratory

Printed by: Bean, Jane E
 Printed on: 07/12/2010 16:06

Page 1 of 6
 (Continued)

EXHIBIT

PAGE

26
2 OF 22

PL 3224

Initial Clinic/New Consult

HAMILTON, LOIS J - H3045278

* Final Report *

irritation caused by the pesticide, according to Ms. Hamilton. The accused neighbor claims that the property is actually within his property boundaries. When asked by authorities, he denies applying pesticides.

Within months after this incident, the pungent chemical odor persisted and the Hamiltons abandoned their home in July 2006 because Ms. Hamilton states she felt continually dizzy, nauseous, fatigued and had developed skin rashes and welts on her upper extremities in addition to continually burning eyes and worsening hot flashes.

Approximately 64 days from when the Hamiltons believed the pesticide was last sprayed, they requested soil testing which demonstrated elevated levels of 2,4D. Atrazine and DDT residue was also present.

Currently, the patient complains of continued hot flashes, mental confusion, memory loss, word-finding difficulties, slurred speech, joint pain, abdominal swelling, chest tightness and vocal hoarseness. She reports she is unable to perform tasks she previously did without difficulty such as balancing the checkbook. These symptoms have been present since she left her Oregon home in 2006. They have not improved and she cannot identify any immediate alleviating or aggravating factors. She is uninsured and does not have a source of regular medical care at this time. Her last medical evaluation was in June 2009. Labs at that time showed a normal TSH while taking Synthroid for hypothyroidism. She had a normal hematocrit and normal CBC. Today she requests testing for pesticide exposure, specifically a dioxin level as she learned from a toxicologist at the University of Utah that this is one pesticide that can remain detectable for prolonged periods of time. She has a profound fear of developing cancer from a possible four-year pesticide exposure.

NOTE:

For full details of the patient's past medical, family and social history, and review of systems, please reference the initial OEM Clinic intake form. I reviewed it with the patient in detail and it will be scanned into the electronic medical record for future reference. Pertinent findings are as follows:

PAST MEDICAL HISTORY:

1. Hypothyroidism, treated previously with Synthroid. Currently on no medication.
2. Cesarean section times two.
3. Benign abdominal wall tumor, status post removal in 1986.
4. Hysterectomy and bilateral oophorectomy.
5. Anemia, resolved.

MEDICATIONS:

None.

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Page 2 of 6
(Continued)

EXHIBIT 26
PAGE 3 OF 22

PL 3225

Initial Clinic/New Consult

HAMILTON, LOIS J - H3045278

* Final Report *

ALLERGIES:

No known allergies.

SOCIAL HISTORY:

The patient is married. She has grown children. She is not employed. She last worked in March 2008. She is a life-long nonsmoker. She drinks alcohol only occasionally, one to two drinks at a time, only socially. She denies any previous history of drug use.

FAMILY HISTORY:

Her mother had diabetes, high blood pressure, and colon cancer. Her father died of lung cancer; he was a smoker.

HEALTH MAINTENANCE:

The patient received breast exam, mammogram and Pap smear in 2009. She says she has undergone colonoscopy in the 1980s but has not undergone colonoscopy since turning age 50.

REVIEW OF SYSTEMS:

A 12-point review of systems was obtained and was diffusely positive. For complete list, please see the initial clinic intake form. However, it is pertinent for all positive constitutional symptoms such as weight gain, heat intolerance, night sweats, unexplained fever, lack of energy and headaches. She also complains of sores in the mouth and throat, voice change and hoarseness and trouble swallowing. She also complains of cardiac, lung, digestive, genitourinary, neurologic, bone, skin, breast and blood complaints.

PHYSICAL EXAMINATION:

Vital signs: Blood pressure 137/75, pulse 95, temperature 98.1, she weighs 95.7 kg, she is 5'6", she is saturating at 96% on room air. General: The patient is alert and oriented. She is obese. She is visibly anxious and tearful. She frequently has to be redirected to her medical problems as she is very focused on the legal aspects of this case. HEENT: Pupils equal, round and reactive to light and accommodation. Sclerae are nonicteric. Oropharynx is clear without erythema or exudate. Nasal passages are clear. Tympanic membranes are intact. Neck: No lymphadenopathy. Questionable palpable thyroid bilaterally. Of note, she has a rather large neck. Cardiovascular: She has a regular rate and rhythm. She has a 3/6 systolic murmur, most evident along the upper sternal border bilaterally. There is no radiation to the apex. She has no previous known history of heart murmur. Pulmonary: Lungs are clear to auscultation bilaterally. No wheezes or rhonchi. Abdomen: Soft, nontender, nondistended. No organomegaly. No aortic or renal bruits are audible. She is obese. Extremities: Warm and well perfused without clubbing. She has mild edema mid-shin distally bilaterally, possibly 1+. Neurologic: Cranial nerves II-XII are grossly intact. DTRs are 1+ upper and lower extremities bilaterally at biceps, brachioradialis, triceps and

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Page 3 of 6
(Continued)

EXHIBIT 26
PAGE 4 OF 22

PL 3226

Initial Clinic/New Consult

HAMILTON, LOIS J - H3045278

* Final Report *

Achilles. Strength is 5/5 in upper and lower extremities bilaterally. Romberg test is negative. Station and gait are normal. She has normal finger-to-nose test. No tremor is present.

IMAGING AND FUNCTIONAL STUDIES:

No recent labs are available. However, from 2009, she has a CBC and thyroid test that I mentioned which were in normal limits.

IMPRESSION:

This is a 51-year-old female in significant distress over presumed exposure to pesticides and strong belief in deliberate application to her garden by a former neighbor. The patient is currently engaged in a legal dispute. She complains of fatigue, memory loss, sweating episodes and significant depression and anxiety, among other symptoms. The only objective evidence to date of pesticide exposure is some soil testing which found elevated levels of 2,4D. The patient would like medical opinion as to the probability that her symptoms are due to pesticide exposure as well as testing for dioxins since the biological half-life can be years. Additionally, she has a profound fear of developing cancer as a result of these presumed exposures. She states she has received little assistance from state or local agencies in the investigation of this matter.

DISCUSSION AND PLAN:

The differential diagnosis for Ms. Hamilton's symptoms are broad. An acute pesticide exposure may cause some of the symptoms she described. However, they appear to be getting worse, not better, despite being out of the home for four years. Physiologically, this would not be the appropriate response as I would expect that her symptoms would begin to dissipate over time. The pharmacokinetic analysis demonstrates that the half-life of plasma clearance for 2,4D is to be about 33 hours. The best assessment of exposure would likely be further environmental sampling. Unfortunately, we cannot make an opinion that her symptoms are caused by pesticide exposure at this time. There is simply not enough evidence and her symptoms may be attributed to another cause. We make the following recommendations -

1. We can obtain a blood dioxin level if the patient is willing to pay for the test. We will investigate the cost.
2. She has significant depression and anxiety over this issue as demonstrated by her tearful outburst in clinic. Additionally, she does believe that all of her symptoms are due to the pesticide exposure and the result of the actions of her neighbor. I do believe she would benefit from evaluation by an internist and would benefit from an SSRI or other antidepressant medication. Counseling is possible and is certainly recommended.
3. Other underlying medical issues may be contributing to her symptoms, including thyroid disease. She has a known history of hypothyroidism and has not been evaluated in over a year. She also underwent surgical menopause, which the literature states may contribute to worsening vasomotor instability than natural menopause. However, she did undergo complete hysterectomy more than six years ago. Normally,

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Page 4 of 6
(Continued)

EXHIBIT 26
PAGE 5 OF 22

Initial Clinic/New Consult

HAMILTON, LOIS J - H3045278

* Final Report *

any vasomotor instability resulting from menopause is stabilized by now. However, a small population of women do require HRT for longer periods of time in order to suppress symptoms. Mrs. Hamilton would still likely benefit from a gynecologic and endocrine evaluation. Studies from the Women's Health Initiative do demonstrate that starting HRT late in menopause may increase cardiac risk factors. However, clearly in this case, if part of the symptoms are hormonal in nature, the benefits of HRT may be considered.

4. Regarding the patient's incidental finding of a murmur, again we recommend evaluation by a primary care physician in order to perhaps receive echocardiogram for evaluation. This was communicated with the patient.

5. Regarding the pesticide exposure, Nancy Beaudet, our industrial hygienist, will further investigate which department in Oregon may best be able to help the Hamiltons assess the environmental evidence of pesticide exposure on their property. This is truly an unfortunate situation and any assistance we can provide as far as resources will be provided.

6. We attempted to reassure Ms. Hamilton that there is very low probability of developing cancer from her exposure. According to the Hazardous Substance data bank, 2,4D is not classifiable as a human carcinogen. Additionally, atrazine can cause reproductive disorders such as intrauterine growth retardation in pregnancy, however, there is inadequate evidence in humans for its carcinogenicity. There is, however, sufficient evidence in experimental animals for the carcinogenicity of atrazine, but currently it is not classified as a carcinogen. Unfortunately, we cannot test for atrazine exposure either as the half-life is 26-31 hours for a high-dose exposure. DDT is a possible human carcinogen classified as 2B. However, there are only trace amounts of DDT in the soil sampling. Again, the biological half-life is too short to detect in the patient's blood.

7. We have instructed the patient to follow up in three weeks. At that time, we will give her this information regarding the carcinogenicity of these chemicals. We will follow up on her mood and progress in making an appointment with a PCP. We will also share with her any information that Nancy Beaudet was able to obtain regarding investigation of their property by the DEQ in Oregon. Additionally, we will provide an approximation of the cost for a dioxin blood test.

Edit 06/07/2010 ep

Signature Line

Electronically Reviewed/Signed On: 06/14/10 at 13:14

Fischer, MD, Rachel Caryn
Fellow GIM

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Printed on: 07/12/2010 16:06

Page 5 of 6
(Continued)

EXHIBIT 26
PAGE 6 OF 22

PL 3228

Initial Clinic/New Consult

HAMILTON, LOIS J - H3045278

* Final Report *

Box 359739
Seattle, Wa

cc: Beaudet, MS, CIH, Nancy J
Industrial Hygienist
HMC Occupational Medicine, Box 359739
Seattle, WA

Keifer, MD, Matthew C
Attending, Dept. Of Medicine/Occ Med
Box 359739
Seattle, WA

Bean, Jane E
Staff
Seattle, WA

RCF/TSI
DD:06/03/10
TD:06/07/10

88591

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Printed on: 07/12/2010 16:06

Page 6 of 6
(End of Report)

EXHIBIT 26
PAGE 7 OF 22

PL 3229

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

Result Type: Consultation - Outpt Record
 Service Date: May 18, 2010 14:18
 Result Status: Authenticated
 Result Title: Requests for exposure, pesticide soil contamination information
 Performed By: Beaudet, MS, CIH, Nancy J on May 18, 2010 15:02
 Verified By: Beaudet, MS, CIH, Nancy J on May 18, 2010 15:02
 Encounter info: 1729136844, HMC, Outpatient, 05/17/2010 - 05/25/2010

* Final Report *

I spoke with the patient today and she reported the residence in question receives city water from Baker City and well water is not used for drinking water. There is a well behind the garage that can be used for watering the garden. I'm uncertain if they used the well water for watering their garden. The patient also confirmed we can release her name to government officials and others to obtain exposure information pertinent to this case.

I also contacted the gov't officials suggested by the patient. I left messages for Reg X EPA Scott Downy 206-553-0682 (at meetings through TH and off Fri) and DEQ OR Dan Labata (541-686-7998) who is working from home today.

I contacted OR Dept Ag (ODA) and learned Dennis Miller (retired) and Casey Eagle (moved on) are no longer with ODA. I spoke with Mike Odenthal (503-986-4655) and he requested a written request for information on this case (modenthal@oda.state.or.us). Dale Mitchell is still with the program and Mike will forward my request to Dale. The below request was e-mailed.

5/18/2010

RE: Lois Hamilton Residence pesticide investigation
 2520 Myrtle St.
 Baker City, OR 97814

Hi Mr. Modenthal,

Thanks again for your time this morning. We saw Ms. Hamilton in our clinic and per the patient it is our understanding ODA investigated a report of pesticide dumping at this property. The patient has indicated we can contact your office. We request the investigation report and all available documents pertaining to an investigation conducted by ODA several years ago by Dennis Miller at the above location.

Thank you for your attention to this request. Please contact me if you have any questions.

Sincerely,

Nancy Beaudet MS, CIH
 Industrial Hygienist

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 Printed on: 07/12/2010 16:07

Page 1 of 3
 (Continued)

EXHIBIT 26
 PAGE 8 OF 22

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

University of Washington
Occupational and Environmental Medicine Program
Pediatric Environmental Health Specialty Unit

o) 206-744-9379
f) 206-744-9935

Harborview Medical Ctr. Box 359739
325 9th Ave
Seattle, WA 98104

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<http://www.uwmedicine.org/Global/Compliance/EmailRisk.htm>

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Signature Line

Electronically Reviewed/Signed On: 05/18/10 at 15:02

Beaudet, MS, CIH, Nancy J
Industrial Hygienist
HMC Occupational Medicine, Box 359739
Seattle, WA

cc: Keifer, MD, Matthew C
Attending, Dept. Of Medicine/Occ Med
Box 359739
Seattle, WA

Fischer, MD, Rachel Caryn
Fellow GIM
Box 359739
Seattle, Wa

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Page 2 of 3
(Continued)

EXHIBIT

26

PAGE

9

OF

22

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

NJB
DD:05/18/10

Requests for exposure, pesticide soil co

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Printed on: 07/12/2010 16:07

Page 3 of 3
(End of Report)

EXHIBIT 26
PAGE 10 OF 22

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

Result Type: Consultation - Outpt Record
 Service Date: May 20, 2010 13:52
 Result Status: Authenticated
 Result Title: Exposure Investigation Summary
 Performed By: Beaudet, MS, CIH, Nancy J on May 20, 2010 13:59
 Verified By: Beaudet, MS, CIH, Nancy J on May 20, 2010 13:59
 Encounter Info: 1729136844, HMC, Outpatient, 05/17/2010 - 05/25/2010

* Final Report *

Summary: No exposure information available via Region X EPA, OR DEQ or OR ODA.

I spoke with Chad Schultz and Linda Liu, Region X EPA Pesticide Program, on Wed 5/20/10 regarding the Hamilton property in Baker City Oregon. They did not have any objective exposure data for the property. They had referred the site evaluation to OR Dept Ag (ODA), and when new allegations arose they again referred it back to the local authorities. Their regulatory reach is limited to documented misuse of a pesticide per the label. Since illegal pesticide use or dumping by the adjacent property owner was not documented via photographs or other evidence, they did not have the authority to pursue the allegation further. They did indicate that their Criminal Investigation team was involved, but they did not know the details of that investigation, and they did not know if the Criminal Investigation record is open to the public. They had not explored the situation as a criminal trespass, and they will give this some thought.

I spoke with Dan Labata with OR DEQ. He no longer is in the Pendleton office, but did recall this investigation. He did visit the site, and confirmed that the Hamilton garden was a couple of feet from the fence line and driveway of the adjacent property owner. He did not remember objective indications of pesticide spray/vegetative death on her property. He did not collect any samples; ODA would have been responsible for that. He did interview the adjacent property owner, and the owner reported he did apply Round-Up up along the fence/driveway to control weeds. He did report he was disappointed with ODA investigator Dennis Miller's efforts on numerous occasions. He recommended I obtain his report from DEQ, and that I contact the local police department for their records.

I spoke today again with Mike Odenthal an investigator with ODA who had reviewed Miller's report in the last hour. He summed it up as a property dispute with an allegation that pesticides were applied to the disputed property. The adjacent property owner did report he sprayed the product at the fence line, but there was no evidence to suggest the product was used on the Hamilton garden (located on disputed property) or used outside the bounds of the label. No garden samples were collected by ODA as there was no indication of wrong doing. No violations were issues as part of the investigation. There was nothing to suggest pesticide dumping or other misuse of pesticides. The ODA report will be sent Monday. The ODA report indicated Ms. Hamilton collected soil samples.

I called Ms. Hamilton and left a message indicating I wanted to discuss further the sample results from the samples I now realize she collected.

Next Steps: Discuss findings with physicians and identify next steps, if any.

Signature Line

Electronically Reviewed/Signed On: 05/20/10 at 13:59

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 Printed on: 07/12/2010 16:07

Page 1 of 2
 (Continued)

EXHIBIT 26
 PAGE 11 OF 22

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

Beaudet, MS, CIH, Nancy J
Industrial Hygienist
HMC Occupational Medicine, Box 359739
Seattle, WA

cc: Keifer, MD, Matthew C
Attending, Dept. Of Medicine/Occ Med
Box 359739
Seattle, WA

Fischer, MD, Rachel Caryn
Fellow GIM
Box 359739
Seattle, Wa

NJB
DD:05/20/10

Exposure Investigation Summary

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Page 2 of 2
(End of Report)

EXHIBIT 26
PAGE 12 OF 22

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

Result Type: Consultation - Outpt Record
 Service Date: May 25, 2010 17:31
 Result Status: Authenticated
 Result Title: Exposure Information Summary
 Performed By: Beaudet, MS, CIH, Nancy J on May 25, 2010 17:33
 Verified By: Beaudet, MS, CIH, Nancy J on May 25, 2010 17:33
 Encounter info: 1729136844, HMC, Outpatient, 05/17/2010 - 05/25/2010

* Final Report *

Hamilton Property Exposure Information

Summary

I reviewed the soil test results provided by Lois Hamilton. The Hamiltons reported in their log multiple episodes of strong odors in their garden in June and July 2006, which prompted them to collect a garden soil sample on 7/21/06. The soil sample was positive for 2,4-D at 0.11 mg/kg. The EPA sets the tolerance on a variety of food products, which is enforced by the FDA (40 CFR180.142). For comparison, example food 2,4-D residue tolerances are: asparagus 5.0 mg/kg (ppm), pistachio and grapes 0.05 mg/kg, and potatoes 0.4 mg/kg. The EPA RfD (reference dose) for 2,4-D is 0.01 mg/kg/day.

The neighbor's attorney collected a soil sample on January 17, 2007 which also was analyzed for pesticides and DDT was measured at 0.0090 mg/kg. No 2,4-D was detected in this sample, and none would be expected given the short half-life of 6-7 days and since more than 6 months had passed between July and January. For comparison, example food residue tolerances for DDT include asparagus 0.5 mg/kg, grapes 0.05 mg/kg, and potatoes 1.0 mg/kg,

Since the name of the odorous product allegedly used is unknown, the chemical ingredients and exposures experienced by the Hamilton's are unknown. Pesticides contain inert ingredients, and if chemical dumping occurred, the product "dumped" may not have been a pesticide.

Exposure Information

The Hamiltons moved into their Baker City, OR residence located at 2520 Myrtle St in January 2002, and planted a garden on property located nearby the adjacent neighbor's fence (Elms). A property dispute developed between the neighbors, and documents provided by the patient report that Mr. Elms, a certified pesticide applicator, testified on June 8, 2007 that he periodically applied 2,4-D to the disputed property area to control weeds.

2,4-D Sample

According to the patient's log, a strong odor was detected and chemical applications/dumpings were suspected in/around their garden on 6/11/06, 6/27/06, 6/29/06, 7/2/06, 7/10/06, and 7/14/06. The local police were called on numerous occasions and per the patient's log those that responded also noted the chemical odor. The Hamiltons suspected pesticide application as their plants were dying, and they collected a soil sample on 7/21/06. The sample was submitted to the Valley Environmental Lab in Yakima for pesticide analysis (EPA method 8151). The soil sample was positive for 2,4-D at 0.11 mg/kg. The soil sample tested negative for 2,4,5-TP; pentachlorophenol;

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 Printed on: 07/12/2010 16:07

Page 1 of 3
 (Continued)

EXHIBIT

26

PAGE

13

OF

22

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

dalapon; dinoseb; picloram; dicamba; 2,4-DB; 2,4,5-T; bentazon; dichlorprop; acifluorfen; DCPA acid metabolites; and 3,5-dichlorobenzoic acid. The Valley Environmental Lab report noted "abnormally high levels of 2,4-D found in this soil sample. Indicates recent treatment with 2,4-D." The report also indicated the sample was collected six feet from the neighbor's fence, which is just beyond the disputed property area.

The Hamilton's log describes typical spring gardening activities in June and July 2006 before the soil sample was collected, including tilling between rows and planting carrots, beets, and other seeds. The log does not indicate any produce was harvested or eaten from the garden during that time. A note dated January 2002 in their log indicates that potato plants died and were dug up and eaten all winter, as were their tomatoes and herbs. This was before the Hamilton suspected a problem with their neighbor, and there were no reports of chemical odors included in this entry dated 2002 (log likely created later).

The reference dose of 2,4-D is 0.01 mg/kg/day. Example food 2,4-D residue tolerances are: asparagus 5.0 mg/kg (ppm), pistachio and grapes 0.05 mg/kg, and potatoes 0.4 mg/kg (40 CFR Part 180 FDA).

2,4-D does not persist in soil, and the EPA reports the half-life of 2,4-D is between 6.2 and 7 days. Sunlight is important in the breakdown of 2,4-D in soil. The EPA contaminated soil clean-up trigger level for 2,4-D is 690 mg/kg.

The name of the product used on the Hamilton property is not known, and it is unknown if the product was a pesticide. In addition, the inert ingredients of the formulation are not known. As a comparison product, 2,4-D amine weed killer was selected. Dimethylamine salt of 2,4-D-dichlorophenoxyacetic acid is the active ingredient at 46.3%. It is approved for both agricultural and non agricultural use. The product label indicates it should not be used on vegetables as it can cause severe plant injury during dormant and growth periods. It is approved for use for some plants, including wheat, oats, rice and sorghum. It is approved for use on lawns and golf courses. PPE required for applicators does not include respiratory protection, but does include: 1) coveralls over short-sleeved shirts and short pants, waterproof gloves, chemical-resistant foot-wear and socks, 2) protective eyewear 3) chemical-resistant headgear for overhead exposure; and, 4) chemical-resistant apron. Early reentry into treated fields requires the same PPE as for an applicator.

DDT sample

On January 17, 2007, a soil sample collected by the Elm's attorney was also analyzed for pesticides. The only pesticide detected in this sample was p,p'DDT at 0.0090 mg/kg. The soil sample tested negative for 2,4-D, 2,4-DP, 2,4,5-T; for 2,4,5-TP; bentazochlorpyralid, DCPA, dicamba, dichlorprop, dinoseb, MCPA, MCPP, pentachlorophenyl, picloram, triclopyr. DDT was not included in the analysis for the sample collected by the Hamiltons.

DDT was once used widely to control insects but was banned in 1972 due to damage to wildlife. The half-life in soil is 2-15 years. For comparison, example food residue tolerances for DDT include asparagus 0.5 mg/kg, grapes 0.05 mg/kg, and potatoes 1.0 mg/kg (CPG 575.100 Pesticide Residues in Food and Feed - Enforcement Criteria). The EPA trigger concentration for clean-up is 1.7 mg/kg.

Signature Line

Electronically Reviewed/Signed On: 05/25/10 at 17:33

Beaudet, MS, CIH, Nancy J
Industrial Hygienist
HMC Occupational Medicine, Box 359739
Seattle, WA

Printed by: Bean, Jane E
Printed on: 07/12/2010 16:07

Page 2 of 3
(Continued)

EXHIBIT

PAGE

14

OF

22

Consultation - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

cc: Keifer, MD, Matthew C
Attending, Dept. Of Medicine/Occ Med
Box 359739
Seattle, WA

Fischer, MD, Rachel Caryn
Fellow GIM
Box 359739
Seattle, Wa

NJB
DD:05/25/10

Exposure Information Summary

Printed by: Bean, Jane E
Printed on: 07/12/2010 16:07

Page 3 of 3
(End of Report)

EXHIBIT 26
PAGE 15 OF 22

PL 3237

Occupational Medicine - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

Result Type: Occupational Medicine - Outpt Record
 Service Date: June 14, 2010 22:00
 Result Status: Authenticated
 Result Title: 106998
 Performed By: Fischer, MD, Rachel Caryn on June 21, 2010 07:37
 Verified By: Keifer, MD, Matthew C on June 28, 2010 15:15
 Encounter info: 1729413224, HMC, Outpatient, 06/14/2010 - 06/14/2010

* Final Report *

OCCUPATIONAL MEDICINE OUTPATIENT CLINIC NOTE:

CHIEF COMPLAINT:

Followup for presumed exposure to pesticide.

SUBJECTIVE:

The patient is a 51-year-old female who returns to our clinic today, who was first seen on May 17, 2010, for decreased memory, significant fatigue, and other array of symptoms that she was attributing to a presumed exposure to pesticides in her previous home. For complete details, please see initial H and P from that visit.

Since she was last seen, she states that she has developed swollen glands and was seen by a primary care doctor in her hometown who prescribed amoxicillin. She stated that her symptoms began after drinking a soda approximately 3 weeks ago and shortly thereafter she noticed enlarged glands bilaterally and pain with swallowing. She was able to get in to see a primary care physician who evaluated her and felt that she had an upper respiratory infection of some kind and prescribed amoxicillin. After 7 days of treatment, the patient was not responding and the physician told her to continue taking the amoxicillin, which she has done for a total of 19 days. She visited Mary's Corner Clinic and saw a Dr T. Cook. She reports no fevers, chills, or other constitutional symptoms. Currently, she states her glands have become much less swollen; however, she is noticing some tenderness in a different area in her cervical region. She states she continues to have fatigue as described on her previous visit, but no other symptoms other than described above.

OBJECTIVE:

Vital signs: Blood pressure 131/77, pulse 90, temperature 36.4, and weight 95.7 kg. General: The patient is alert and oriented. Today, she is in no acute distress. She appears more relaxed and she is again

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 Printed on: 07/12/2010 16:07

Page 1 of 4
 (Continued)

EXHIBIT

PAGE

26
16 OF 22

PL 3238

Occupational Medicine - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

accompanied by her husband. HEENT: Pupils are equal, round, and reactive to light and accommodation. Sclerae are nonicteric. Her oropharynx is clear, however, she has some mild erythema posteriorly bilaterally. Tympanic membranes are intact. Neck: No lymphadenopathy. No thyromegaly. She does have some muscle tenderness along the trapezius muscles, left greater than right. She has an area of muscle spasm, which presents like a knot and this is the area that she thought was swollen, just in the last couple of days. Cardiovascular: She has a regular rate and rhythm. Continues to have a 2/6 to 3/6 systolic murmur evident along the upper sternal border bilaterally. No gallops. Pulmonary: Lungs are clear to auscultation bilaterally. Abdomen: Obese, nontender, and nondistended. No organomegaly. Extremities: Warm and well perfused. Mild edema pretibial bilaterally. No cyanosis. Neurologic: Cranial nerves II through XII are grossly intact. Strength is 5/5 in upper and lower extremities bilaterally. Sensation is grossly intact in upper and lower extremities bilaterally. DTRs are 2+ throughout. She has a normal station and gait.

ASSESSMENT AND PLAN:

This is a 51-year-old woman who returns for followup for presumed pesticide exposure. Since her last visit, Nancy Beaudet, our industrial hygienist was able to gather information regarding what the environmental agency in Oregon has done and maybe responsible for doing in the future for Mr Hamilton and the patient. However, at this point, we have discussed and explained to the patient that we cannot from a medical perspective attribute her symptoms to a pesticide exposure. Again, we emphasized that the best approach may be to have additional soil sampling and do environmental analysis. Again, we also stressed that some of her issues do require primary care and that her focus should be on getting well. I do not suspect that she currently has an infection, although she may be recovering one given her previous gland swelling. The lumps I feel in her trapezius area I believe are just muscle tension. She continues to have fatigue with a history of hypothyroidism and anemia status post surgical hysterectomy. We will make the following recommendations:

1. We will obtain complete labs to ensure that her anemia has not returned and that her TSH remains normal. This has not been checked in over a year. We will get a CMP, a CBC, TSH with free T4 and T3, total calcium, sedimentation rate, and a vitamin D level. Certainly, underlying infection or autoimmune should be ruled out. We discussed also getting a blood dioxin level. However, there was a miscommunication with the lab regarding the the cost and availability of the test--I believe they thought we wanted a digoxin level rather than an dioxin level. Thus far, we are having difficulty determining where to get a blood dioxin level and she may need to go to an outside lab to have that test performed. It is not performed here at Harborview. I have spoken with the pathologist via e-mail and phone and they have not identified a lab yet that can do that testing. However, a test for DDT exposure is available, so we requested that be done.

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Page 2 of 4
(Continued)

EXHIBIT 26
PAGE 17 OF 22

Occupational Medicine - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

2. I have referred the patient to Valley View Medical Center to get primary care. They do provide charity care for the uninsured. I encouraged her to have her heart murmur evaluated and to follow up with Valley View on any abnormal labs that we receive here.
3. When she establishes primary care at Valley View Medical Center, I will send them a letter describing our findings regarding her pesticide exposure. I am also concerned that the impact of the stressors associated with this lawsuit that she is experiencing with her husband has caused significant anxiety and depression, and I believe she should seek psychiatric care. I am also concerned that she is, along with her husband, become somewhat overly suspicious of not only the legal system and her former neighbor, but has also become somewhat delusional about professional misconduct.

FOLLOWUP:

No followup was scheduled at this time. We will contact her via letter with the results of her lab tests.

ATTENDING STATEMENT:

I saw and evaluated the patient and agree with Dr. Fischer's note.

Additional diagnoses: none

Date of Service: 6/21/10

Today's Date is: 06/28/2010

Signature Line

Electronically Reviewed/Signed On: 06/28/10 at 13:39

Fischer, MD, Rachel Caryn
Fellow GIM
Box 359739
Seattle, Wa

Electronically Co-Signed On: 06/28/10 at 15:15

Keifer, MD, Matthew C
Attending, Dept. Of Medicine/Occ Med
Box 359739
Seattle, WA

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Page 3 of 4
(Continued)

EXHIBIT

PAGE

26
18 OF 22

Occupational Medicine - Outpt Record

HAMILTON, LOIS J - H3045278

* Final Report *

cc: Bean, Jane E
Staff
Seattle, WA

RCF/TSI
DD:06/21/10
TD:06/21/10

106998

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Printed on: 07/12/2010 16:07

Page 4 of 4
(End of Report)

EXHIBIT

PAGE

26
19 OF 22

PL 3241

Harborview Medical Center

LOIS J. HAMILTON H3045278 Female Age: 51

Provider janebean 12-Jul-2010 16:16:34

User
ConfigHealth
LinksMed-
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Ace

Epic-
Web

Help

Clinical
Info
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Demographics	Problems	Medications	Allergies	Providers	Lab	Visits	Transcripts	Radiology	Patholo
Cardiology	Vascular	Reminders	Immuniz	Procedures	Findings	Summarize	MDS	Feesheet	Send Messag
Appts									



































Healthlinks Lab Resources

Full Panel/Test Listing in Reverse Chronological Order

Caution: Use the Laboratory Test Guide reference range only if Reference Range is not available with result.

Full List	Microbiology	Flowsheets	Specific Tests/Panels	Specific Dates	External Transplant Listings	Retrie Next P
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Data later than 14-jun-2010 is NOT displayed - it's not in date range you specified

Panel/Test Description click  for Test Guide reference below:  for trending  for sensitivities	Test Results * means outside reference range click  for detail		Reference Range
► Reference Laboratory Test 2	Jun 14, 2010 14:51	Final	
 ► Reference Lab: Spec. Type 2	Whole Blood 		unavailable
 ► Reference Lab: Test Reqstd 2	DDT, DDE, DDD TESTING (NMS 1474B) 		unavailable
 ► Reference Lab: Result 2	(NOTE) [DDE (DDT metabolite): NONE DETECTED. (Reporting limit: 1.0 ppb)]. [DDT (Dichlorodiphenyltrichloroethane): NONE DETECTED. (Reporting limit: 1.0 ppb)]. [DDD (DDT metabolite): NONE DETECTED. (Reporting limit: 1.0 ppb)]. 		unavailable
 ► Reference Lab: Ref. Range 2	(NOTE) [DDE (DDT metabolite): Normal: Less than 30 ppb]. [DDT (Dichlorodiphenyltrichloroethane): Normal: Less than 8 ppb]. [DDD (DDT metabolite): Normal: (information not provided)]. Analysis by Gas Chromatography (GC) 		unavailable
 ► Reference Lab: Name 2	Test(s) performed by National Medical Services. 		unavailable
► CBC (Hemogram)	Jun 14, 2010 14:50	Final	
 ► WBC	7.38 THOU/uL		4.30-10.00
 ► RBC	4.84 mil/uL		3.80-5.00
 ► Hemoglobin	15 g/dL		11.5-15.5
 ► Hematocrit	44 %		36-45
 ► MCV	92 fL		81-98
 ► MCH	31 pg		27.3-33.6
 ► MCHC	33.9 g/dL		32.2-36.5
 ► Platelet Count	301 THOU/uL		150-400
 ► RDWCV	12.5 %		11.6-14.4
► Comprehensive Metabolic Panel	Jun 14, 2010 14:50	Final	
 ► Sodium	140 mEq/L		136-145

EXHIBIT

26

PAGE

20 OF 22

▶ Potassium	3.7 mEq/L	⊗	3.7-5.2
▶ Chloride	107 mEq/L	⊗	98-108
▶ Carbon Dioxide	27 mEq/L	⊗	22-32
▶ Ion Gap	6	⊗	3-11
▶ Glucose	100 mg/dL	⊗	62-125
▶ Urea Nitrogen	* 7 mg/dL	⊗	8-21
▶ Creatinine	0.7 mg/dL	⊗	0.2-1.1
▶ Protein (Total)	7.7 g/dL	⊗	6.0-8.2
▶ Albumin	4.3 g/dL	⊗	3.5-5.2
▶ Bilirubin (Total)	0.7 mg/dL	⊗	0.2-1.3
▶ Calcium	9 mg/dL	⊗	8.9-10.2
▶ Aspartate Aminotransferase (GOT)	32 U/L	⊗	15-40
▶ Alkaline Phosphatase (Total)	64 U/L	⊗	34-121
▶ Alanine Aminotransferase (GPT)	* 45 U/L	⊗	6-40
▶ GFR, Calculated, Non Black GFR, Calc, European American	>60 mL/min ⊗		>59
▶ GFR, Calculated, Black GFR, Calc, African American	>60 mL/min ⊗		>59
▶ GFR, Information	Calculated GFR in mL/min/1.73 m ² by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html ⊗		unavailable
▶ RBC Sedimentation Rate	Jun 14, 2010 14:50	Final	
▶ RBC Sedimentation Rate	7 mm/hr	⊗	0-20
▶ Reference Laboratory Test 1	Jun 14, 2010 14:50	Final	
▶ Reference Lab: Spec. Type 1	Whole Blood ⊗		unavailable
▶ Reference Lab: Test Requested 1	DIOXIN Order changed to DDT, DDD, DDE TESTING, per lab medicine resident K.Woodward. See separate entry. ⊗		unavailable
▶ Reference Lab: Result 1	Order changed to DDT, DDD, DDE. See separate entry. ⊗		unavailable
▶ Reference Lab: Ref. Range 1	Order changed to DDT, DDD, DDE. See separate entry. ⊗		unavailable
▶ Reference Lab: Name 1	Test(s) performed by National Medical Services. ⊗		unavailable
▶ T3 (Free)	Jun 14, 2010 14:50	Final	
▶ T3 (Free)	3.1 pg/mL	⊗	2.3-3.9
▶ Thyroid Stimulating	Jun 14,		

EXHIBIT

26

PAGE

21 OF 22

Hormone	2010 14:50	Final	
▶ Thyroid Stimulating Hormone	2.248 uIU/mL	⊙	0.400-5.000
▶ Thyroxine (Free)	Jun 14, 2010 14:50	Final	
▶ Thyroxine (Free)	1 ng/dL	⊙	0.6-1.2
▶ Vitamin D (25 Hydroxy)	Jun 14, 2010 14:50	Final	
▶ Vitamin D2 (25_Hydroxy)	<1.0 ng/mL	⊙	unavailable
▶ Vitamin D3 (25_Hydroxy)	23.4 ng/mL	⊙	unavailable
▶ Vit D (25_Hydroxy) Total	23.4 ng/mL	⊙ Severe deficiency: <8.0 ng/mL Deficient: 8.0-20.0 ng/mL Normal: 20.1-50.0 ng/mL High, indicates supplementation: 50.1-80.0 ng/mL Possible toxicity: >80.0 ng/mL For more information please see: http://depts.washington.edu/labweb/test/bclim/vitd.html	20.1-50.0

End of Lab Data

EXHIBIT

26

PAGE

22

OF

22